



## **LTCS BEST PRACTICE CATALOG SUBMISSION COVER SHEET**

### **TYPE OF SUBMISSION:**

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**NEW**

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**REVISED - Replaces** \_\_\_\_\_  
**Current submission catalog number**

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**UPDATE - To** \_\_\_\_\_  
**Current submission catalog number**

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**CHANGE IN CONTACT INFORMATION**

**Name: Jim Vess, PhD. Director Clinical Outcome Evaluation Services**

**Telephone Number: 805-468-2091**

**E-Mail Address: Jvess@dmhash.state.ca.us**

**Date Submitted To Hospital/Division:** \_\_\_\_\_

**Approved for submission to LTCS Best Practice Committee**

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**Date Submitted To LTCS Best Practice Committee:** \_\_\_\_\_

**Approved for submission to LTCS Best Practice Catalog**

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## **LTCS BEST PRACTICE CATALOG SUBMISSION**

**Project Title:** **Psychophysiological Assessment Center**

**Function Category:**

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**PATIENT-FOCUSED**

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**ORGANIZATION**

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**STRUCTURES**

**Sub-category(s):** **Assessment of Patients**

**Heading:** **Initial and Continuing**

**Contact Person:** **Jim Vess, PhD. Director Clinical Outcome Evaluation Services**

**Telephone Number:** **805-468-2091\_\_\_\_\_**

**E-Mail Address:** [jvess@dmhash.state.ca.us](mailto:jvess@dmhash.state.ca.us)

**Hospital:** **Atascadero State Hospital**

**The following items are available regarding this Best Practice:**



**laboratory manuals**



**Description the lab - methods and materials**

**1. SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

It is the intent of the Legislature that such Sexually Violent Predators (SVP's) be confined and treated until they no longer present a threat to society. The aim of this law is to treat and confine these individuals only as long as their disorders continue to present a danger to the health and safety of others and not for any punitive purposes. The Legislature determined that these "persons shall be treated, not as criminals, but as sick persons." (AB 888).

**The measuring of sexual arousal with sex offenders is a key component of their treatment program. At ASH this is done in the Physiological Assessment Center (Physio Lab) using a process called Plethysmography (PPG).**

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## **2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**

**(Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

Without the use of this assessment, clinicians would have limited ability to: accurately diagnose the patient's condition, determine a focus treatment, or establish the efficacy of treatment interventions.

## **3. ANALYSIS** (Describe how the problem was analyzed.):

PPG data are entered into an 'Access' database. They indicate to what degree the patient responds to visual and audio stimuli and the nature of deviance in the stimuli that produces a response. PPG scores can be viewed as change scores for individual patient or can be trended for a population of patients.

## **4. IMPLEMENTATION** (Describe your implementation of the solution.):

The 'Physio Lab' assesses for deviant sexual arousal by measuring penile tumescence which is measured circumferentially using a mercury strain gauge which is transduced via the RS 3010 Plethysmography System. The system monitors penile tumescence in millimeters, which is later converted to percentage of maximum arousal.

The process is done on a voluntary basis. Each patient must be referred by his treatment team and have signed an informed consent prior to assessment. He is then provided with an overview of the assessment procedures, including a tour of the area, advisement of the rules, instructions on the proper use of the equipment, and the scheduling of his appointments. Any questions or concerns are also discussed at this time to help alleviate fears and dispel misconceptions. The appointment schedule consists of three to five (dependent on patient's history), one-hour sessions commencing on consecutive days. Completion of a PPG assessment is a mandatory for entry into Phase II of the Sex Offender Commitment Program Treatment Regimen.

During the assessment the patient is seated in a private room. He communicates with the operator via a headset. He listens to the audio portion of the assessment through the headset while viewing the stimuli on a television located in his private room.

The *age/gender still images* as well as *the mutual/rape/assault video* have instructions prior to each stimulus that say either to "allow yourself to become aroused, or suppress your arousal." Suppression means to view the image and try not to become aroused by any mental means. The arouse instruction means that if the image is arousing to the patient – then he is to make no attempt to suppress his arousal.

After each image the patient is asked to estimate what he thinks his arousal was to that image (in percentage) by turning a dial on a device called a potentiometer.

A vigilance monitor is built in to the still images to insure the patient's attention to the assessment. From time to time a star appears along side an image. When the patient sees the star, he is instructed to indicate it by using the potentiometer device.

If the patient achieves tumescence (arousal) during any presented stimuli, he must have full detumescence (returning to his baseline/flaccid state) for at least thirty seconds before being presented with the next stimulus.

Erectile responses evoked by an individual stimulus for each patient are determined by the Range Set. The patient's flaccid state is entered into the computer program and set at 0%, while their fully erect state is set at 100%. The change in voltage between 0% and 100% are then automatically recorded for the patient's erectile responses in percentage to each individual stimulus. Only erectile responses of 21% and greater are considered significant. .

**5. RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

If the patient has completed covert sensitization processes, follow up assessments are given approximately every 6 months to determine if PPG levels indicate a change in deviant responses and to help identify a need for change in treatment intervention. Otherwise followup is on an 'as-needed' basis.

A significant number of SVPs assessed at ASH have shown a 'deviant' arousal profile with the PPG. In the literature, sexual arousal patterns as measured by the PPG have been found to be an indicator for sexual re-offending.

**6. LEARNING** (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

This outcome data is proving to be of such value that CONREP has requested that this assessment process also be conducted with MDO patients who have a history of a sexual conviction.

Sexual arousal responses as measured by the PPG have proven to be essential in identifying targets for treatment and responses to treatment among sex offenders.